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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Turkey

Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1996 contains the final country programme recommendation for Board approval.

The Executive Director recommends that the Executive Board approve the country programme of Turkey for the period 1997 to 2000 in the amount of $4,920,000 from general resources, subject to the availability of funds, and $7,600,000 in supplementary funds, subject to the availability of specific-purpose contributions.

* E/ICEF/1996/18.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2).

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THE SITUATION OF CHILDREN AND WOMEN

1. Overall, Turkey has shown steady social progress in recent years. The infant mortality rate (IMR) decreased from 150 per 1,000 live births in 1970 to 53 in 1993. The main causes of under-five mortality are birth trauma (48 per cent), respiratory illness (12 per cent) and diarrhoea (6 per cent). As almost one half of under-five mortality occurs in the neonatal period, further reductions will depend increasingly on improving antenatal, delivery and post-natal care. Immunization coverage has been sustained at 80 per cent over the last decade and polio is expected to be eradicated by the year 2000. The total fertility rate declined from 3.4 to 2.7 between 1980 and 1990. The rate of modern contraceptive prevalence stands at 63 per cent.

2. Although national sources estimate that the maternal mortality rate (MMR) has dropped from the last survey figure of 120 per 100,000 live births (1982), other sources (including the United Nations) estimate MMR at 180 per 100,000 for 1995. The causes of maternal mortality (poor antenatal care, inadequate screening, 50 per cent of births taking place outside health facilities and inadequate access to emergency obstetric care) are also linked to neonatal mortality. Although the rate of female literacy has doubled to 80 per cent over the last 30 years, 6.5 million women of child-bearing age (14-44 years) are illiterate, and 29 per cent of school-age girls do not attend primary school. Women in Turkey appear to be significantly under-registered and therefore are deprived of services. While all boys are eventually registered through military service, girls are not, and are deprived of education and social security. Turkey was an early signatory of the Convention on the Elimination of All Forms of Discrimination Against Women. None the less, only 29 per cent of women are considered economically active, although women comprise 64 per cent of unpaid field workers.

3. There are significant regional disparities. The Government has selected 36 out of 79 provinces, mainly in the east and south-east of the country, as being the priority for socio-economic development. The under-five mortality rate (U5MR) varies from over 71 per 1,000 live births in the east to 48 in the west; the total fertility rate varies from 4.4 in the east to 2 in the west; the prevalence of underweight children ranges from a high of 20 per cent in the east to a low of 5 per cent in the west; and gross domestic product per capita ranges from less than $700 in the east to $5,000 in the west. Migration and rapid urban population growth have strained the existing system for basic service delivery. Ongoing political strife has increased population movements within eastern and south-eastern provinces.

4. Education, although improving, faces significant challenges. Two million children aged 7-14 years are illiterate (1990 census). Only 20 per cent of children who enrol in first grade finish eight years of education. Internal migration and political unrest have precipitated the closing of 1,200 rural schools since the mid-1980s and lowered enrolment rates, particularly of girls. In 25,000 rural primary schools, crowded multigrade classes are the norm, leading to chronically low learning achievement. In urban areas, an average of 70-80 children per class and a double shift system strain teaching capacity and quality.

5. Austerity measures introduced in 1994 are a major factor related to children who work to supplement family incomes. There are growing numbers of street children and working children. Of children aged 12-19 years, 34 per cent are in the labour force (with 22 per cent in urban areas and about 47 per cent in rural districts), 50 per cent of working children are below 15 years of age and almost 87 per cent work more than 45 hours a week under poor conditions.

PROGRAMME COOPERATION, 1991-1996

6. The 1991-1996 programme of cooperation initiated an evolution from centrally managed child survival interventions to more community-based child development activities. Following the earthquakes in Erzincan in 1992 and Dinar in 1995, UNICEF provided emergency assistance in coordination with other United Nations agencies. In addition, the 1991 Gulf War and ongoing internal unrest in neighbouring countries have required that UNICEF Turkey provide logistical support to transport supplies from other country programmes, particularly for the delivery of supplies to northern Iraq ($30 million since 1992) and the assessment of the situation in Armenia and Azerbaijan.

7. The objectives of the country programme were based on the relevant national development goals of the Government and the goals of the World Summit for Children. Seven main objectives were identified: (a) to reduce IMR and U5MR to 30 and 40 per 1,000 live births, respectively; (b) to reduce MMR to less than 85 per 100,000; (c) to improve child-rearing practices; (d) to increase concern for sound environmental practices; (e) to improve and expand basic education; (f) to promote women as important actors in the development process; and (g) to provide basic services for children in selected priority provinces and peri-urban areas in order to bring the social indicators of underserved areas closer to national averages.

8. IMR decreased from 60 to 53 and U5MR from 78 to 61 per 1,000 live births during 1990-1995. With MMR recently estimated at 180 per 100,000 live births, there will be greater focus on this problem in the new programme. Thirty-nine of the 56 targeted hospitals are now "baby-friendly". A demonstration of the efficacy of a single shot of benzathine penicillin over five shots of procaine penicillin to treat acute respiratory infections was successful, but has not yet been adopted. The use rate of oral rehydration therapy (ORT), widely publicized through ORT weeks and media spots, is currently at 94 per cent. There was cooperation with the private sector for the salt iodization programme, resource mobilization and advocacy. National immunization days for polio eradication in 1996 and 1996 (as part of the regional Mediterranean, Caucasus and Central Asian Republics operation) have been successful in interrupting transmission of the wild polio virus. One quarter of the cost of the immunization days came from the domestic private sector, with additional support from the Government of the United States and Rotary International. Low-cost early childhood initiatives progressed in urban poor and rural areas with difficult access, including a "better parenting" video which was well-received by mothers undergoing training, and the area-based services programmes.

9. The programme helped to increase community concern for the environment and improve hygiene practices through the water supply and sanitation component of the area-based programmes (for rural and urban areas). UNICEF provided pipes and fittings for use in construction of water systems and also supported rehabilitation and maintenance for 350 villages, training of village maintenance workers and awareness-raising for social leaders in 280 villages in all aspects of water systems, sanitation and basic hygiene. Basic hygiene, sanitation and water supply components were included in a volunteer training pilot programme for national expansion.

10. Rural education was improved through pilot projects of the Ministry of National Education on curriculum reform and teacher and inspector training. As a result of UNICEF advocacy, eight years of basic primary education are now mandatory. UNICEF supported women's increased involvement in policy dialogue at national and international levels through the Fourth World Conference on Women, publication of literature related to women's issues, and, at the local level, the development of women's groups and the establishment of 240 "women's houses" for non-formal education centres and income-generating activities. Support for

service delivery covered children in five selected priority provinces (Adiyaman, Agri, Bayburt, Kars and Sanliurfa) and poor urban areas in Ankara, Antalya and Istanbul.

11. Because the country programme was implemented through Turkey's centralized administration, community-level ownership and capacity-building strategies and related activities initially proved difficult. However, UNICEF helped government officials to increase their communication skills through training and to have a better understanding of community dynamics. These activities helped to motivate community leaders to participate in project activities.

12. The use of volunteers to provide such priority basic services as water and sanitation, and an emphasis on income generation, were important in building community awareness and a community sense of ownership of projects in rural areas. With UNICEF inputs as the catalyst, supplementary funds from provincial administrations and non-governmental organizations (NGOs) have started to expand the scope of these activities, for example, for the development of multi-purpose community service centres.

13. The area-based programme focused on gecekondus, the poor urban areas of Turkish cities. With the joint cooperation of provincial governors, mayors and district governors, the women of Sentepe in Ankara have started to produce bed linen that finds a ready market, organized a children's recreation and study centre, and organized health and education services together in a community centre. In Istanbul, a community centre provides non-formal education and health services for women.

14. A 13-part television serial, Can Suyu ("Water of Life"), produced in 1993 to deliver Facts for Life messages to rural communities, reached 49 per cent of the national audience. A second series showed that messages on ORT, immunization, personal hygiene, girls' education and social communication did in fact lead to behavioural change.

Lessons learned

15. Intersectoral coordination is critical. The Government's Child Intersectoral Board, which focuses on children's issues and oversees UNICEF activities, needs to be reformed to be able to effectively coordinate intersectoral activities. Thus far, it does not include representatives from communities or NGOs. However, it has the potential to systematically share lessons learned with all sectors.

16. Efforts to improve interaction between service providers and families in order to maximize the impact of services have proved successful within the limited scope of rural and urban area-based activities. In the areas covered by these activities, immunization coverage is higher than in surrounding communities, the incidence of diarrhoea is lower and fewer requests for additional assistance are submitted to district authorities, indicating a greater sense of self-reliance. The challenge is to extend this approach to all disadvantaged regions and urban areas.

17. Continued efforts to expand collaboration with civil society are essential. UNICEF partnerships with NGOs in Turkey have been limited to date. However, a "child caucus" of 30 NGOs, formed for the Second United Nations Conference on Human Settlements (Habitat II), held in Istanbul in June 1996, offers a potential new avenue to engage NGOs in advocacy and service delivery. Similarly, use of the media could help to promote positive behavioural change, e.g. reducing the number of school drop-outs. Media coverage of child-related issues, particularly since ratification of the Convention on the Rights of the

Child in 1994, has focused attention on children's problems and facilitated the mobilization of domestic resources

RECOMMENDED PROGRAMME COOPERATION, 1997-2000

General resources : $4,920,000
Supplementary funding: $7,600,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Civil society mobilization	1 184	1 655	2 839
Regional and intra-urban disparity reduction	1 094	500	1 594
Social research and monitoring	342	100	442
Planning and policy development	522	4 719	5 241
Programme support	1 778	626	2 404
Total	4 920	7 600	12 520

a/ The breakdown for estimated yearly expenditures is given in table 3.

Objectives and strategies

18. The country strategy was formulated during a series of meetings held in 1995-1996 which were attended by government partners, United Nations agencies, the Turkish Red Crescent, the Turkish Committee for UNICEF and groups representing specific groups of women and children (e.g. groups focusing on domestic violence, street children and child labour).

19. The proposed country programme aims to contribute to improving the status of children and women in Turkey physically, psycho-socially, educationally and financially through: (a) providing practical examples of economic and technically effective and efficient interventions that help to reduce regional disparities and mobilize national resources; and (b) using the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women as the implementation framework. With Turkey's ratification of the two Conventions, and in line with the revised national programme of action (NPA), the country strategy note (CSN) and the UNICEF country note, UNICEF will support the NPA objectives of (a) halving malnutrition, U5MR and MMR and reducing IMR by one third from 1990 levels, and increasing immunization rates to 90 per cent; (b) improving the status of women by increasing their participation in decision-making; (c) extending eight-year basic primary education to all children, with a particular focus on girls; and (d) developing services to protect street children and working children.

20. The mix and weighting of programme strategies increasingly will shift from supplies and materials to technical assistance and support for national and subnational capacity-building, enhancing sustainability and promoting empowerment at all levels.

Civil society mobilization

21. The objectives of the civil society mobilization programme will be to: (a) raise public awareness of issues addressed by the Convention on the Rights of the Child; and (b) encourage the mobilization of private sector resources to address children's issues. The programme will collaborate with the public and private sectors and NGOs, as well as with professional associations, journalists and foundations. Targeted advocacy will reach national and local opinion leaders, along with specific audiences including children, parents, Muhtars (village elders), Imams (religious leaders), teachers, midwives, police, judges, lawyers, business people and politicians. Activities will include developing materials (designed using knowledge, attitudes and practices (KAP) surveys) conducted under the social research and monitoring programme) to promote child rights in general and specifically, to reduce malnutrition, promote universal primary education and raise awareness of the social status of women. Both private and public media will be used, as will the Internet.

22. Other activities include the translation into Turkish of relevant materials available globally and their dissemination through governmental and NGO channels. Partners in these efforts will include the Ministries of Health, National Education, Agriculture and Interior, universities, NGOs such as the Bar Association and professional journalists' associations.

23. The impact of the materials to be developed and of advocacy efforts will be assessed both by periodic surveys included in the social research and monitoring programme and through tracking of private sector financial support for activities that benefit children. Supplementary funds will be used primarily to provide supplies, including polio vaccines, to support social communication and advocacy efforts.

Regional and intra-urban disparity reduction

24. The objectives of the regional and intra-urban disparity reduction programme are to: (a) demonstrate through operational research low-cost ways of reducing disparities in basic social indicators in selected geographic areas; (b) provide strategic information on capacity-building and social development experiences to decision makers for integration into the planning and policy development programme; and (c) mobilize available community and organizational resources for replication of these approaches. Programme strategies will include empowerment through participatory planning with communities and local NGOs; capacity-building with demonstration projects involving non-traditional approaches; and testing and application of materials developed in the civil society mobilization programme.

25. Specific projects will include income-generating activities for women (especially non-traditional skills such as growing mushrooms, bee-keeping and stone carving); training of community volunteers on Facts for Life and rights issues; and training of village maintenance workers and community leaders on water supply systems to promote better hygiene and as a method for improving self-reliance. Cost-effective approaches will be promoted to increase health and education service coverage, the dissemination of information from data analysis, reinforcement of professional and social responsibility and mobilization of resources for communities and local governments. Criteria for site selection will be based on current national priorities and social indicators, year-round accessibility, availability and commitment of partners and possibilities for replication.

26. An institutional capacity-building strategy will strengthen (a) the management, communication and awareness-raising skills of teachers, health managers, social workers and community leaders in five interrelated areas

(household food security, micronutrient nutrition, dietary habits, water supply and usage, appropriate sanitation); (b) the role and responsibility of communities, families and parents in the same areas, as well as in literacy, education, hygiene and child-care, and income-generation activities; (c) antenatal and postpartum care, access and utilization of services, home-based growth monitoring and early referral; and (d) community-based monitoring systems. Parents will be encouraged to support local NGOs (especially those working with street children) and to support children's activity centres to reach children who have dropped out of school and those at risk of becoming street children. General resources will be used to begin all activities in a limited number of communities. Supplementary funds will be used to expand project coverage to new areas.

27. Partners in programme activities will include Turkish regional development organizations (e.g. the South East Anatolia Project and the Inter-Agency Social Development Programme funded by the United Nations Development Programme (UNDP)), as well as the Ministries of Justice and Interior, the State Ministry for the Protection and Welfare of Children, NGOs related to child rights and local administrations and municipalities.

Social research and monitoring

28. The objectives of the social research and monitoring programme are to: (a) broaden understanding of problems facing children; and (b) contribute to the development and regular review by national and local policy makers of gender-disaggregated databases related to children's rights. Strategies will include capacity-building through participatory KAP research on nutrition, children in difficult circumstances and child rights to provide greater insight into children's problems, e.g. the reasons 20 per cent of children under five years of age are under weight. There will be intersectoral analysis of data linked to the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women. Research will cover child labour, street children and children in conflict with the law so as to develop more effective cooperative action, public information and advocacy.

29. Data will be collected to develop a baseline for monitoring indicators that link analysis of the current situation of children and women to the two Conventions and the NPA. Thus, progress towards ensuring children's and women's rights can be monitored while issues needing further research are identified. Activities will include strengthening of the National Commission on the Convention on the Rights of the Child, intersectoral workshops to disseminate research results and development of databases for the State Planning Organization, the State Institute of Statistics and UNICEF for use by policy makers. Other partners will include the Ministries of Health and National Education, the International Labour Organisation (ILO), municipalities, labour unions and NGOs. The limited supplementary funding being sought is expected to come primarily from the private sector or from international donors for research on nutrition and street children and working children.

Planning and policy development

30. The objectives of the planning and policy development programme are to: (a) help develop a legal and policy framework to support implementation of the two Conventions and the NPA; (b) support national policy to extend primary education to eight years; and (c) support the extension of primary health care (PHC) services throughout the country. Programme strategies will focus on reviewing legislation and policies to identify gaps; improving capacity through training of teachers to use participatory learning approaches in their classrooms and alternative approaches to reach those not in school; and building on the success of national immunization days to promote the use of PHC services.

31. Partners, to include the Ministries of Foreign Affairs, Health, National Education, Interior, Justice, Women and Social Services, as well as local and international NGOs, will participate in reviewing existing legal frameworks and policies. Other partners will include the United Nations Educational, Scientific and Cultural Organization, the World Health Organization (WHO) and the Development Foundation of Turkey. All activities will require supplementary funding to extend coverage.

Collaboration with other agencies

32. UNICEF works closely with the United Nations agencies working in Turkey and participated in the preparation of the CSN. Preparations for Habitat II reinforced cooperation. Under the umbrella of the Inter-Agency Social Development Programmes established by UNDP, the regional and intra-urban disparity reduction programme will be implemented in partnership with the South East Anatolia Project. Collaboration with WHO will continue in all health-related activities, particularly polio eradication and HIV/AIDS prevention. Collaboration with ILO will cover child protection issues.

Fund-raising strategy

33. Rural education is being extended in 1996-1997 with a $2.5 million loan from the World Bank to the Government that is being channelled through UNICEF. Similar loans are being used in World Bank health programmes based on initiatives developed through cooperation between UNICEF and the Ministry of Health. The possibilities and opportunities offered within Turkey by the private sector, foundations and entrepreneurs also need to be explored. Thus far, cooperation with the Turkish Development Foundation, the Turkish National Paediatrics Society and Rotary and Lions Clubs has focused mainly on health activities, but it will be extended to other sectors.

Programme management

34. The shift in strategy to more capacity-building and technical assistance requires that UNICEF staff concentrate on multisectoral advocacy for child rights. Other programme management priorities will include further development of government, NGO and UNICEF competencies in the organization of operational research and planning and assessment of training activities.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Turkey	(1994 and earlier years)			UNICEF country classification
Under-five mortality rate	55	(1994)		Middle U5MR
Infant mortality rate	47	(1994)		Middle IMR
GNP per capita	$ 2450	(1994)		Middle-income GNP
Total population	60.8 million	(1994)		

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1994
Births	(thousands)	1297	1409	1615	1608
Infant deaths (under 1)	(thousands)	192	152	107	76
Under-five deaths	(thousands)	256	198	129	88
Under-five mortality rate (per 1,000 live births)		198	141	80	55
Infant mortality rate (under 1) (per 1,000 live births)		148	108	66	47

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1993)	Moderate & severe		10
	Severe		2
Babies with low birth weight (%, 1980/1990)		8	8
Primary school children reaching grade 5 (%, 1985/1992)		97	92

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1993)	..	14
Timely complementary feeding rate (6-9 mos.) (%, 1993)	..	17
Continued breast-feeding rate (20-23 mos.) (%, 1993)	..	14
Prevalence of wasting (0-59 mos.) (%, 1993)	..	5
Prevalence of stunting (0-59 mos.) (%, 1993)	..	21
Daily per capita calorie supply (% of requirements, 1979-1981/1988-1990)	124	127
Total goitre rate (est.)	..	36
Household expenditure (% of total income, 1980 or 1985)	All food/cereals .. / ..	40 / 9

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1993)		..	16
Access to health services (% of population)	Total	..	..
	Urban/rural	.. / ..	.. / ..
Access to safe water (% of population, 1980/1993)	Total	76	80
	Urban/rural	95 / 62	91 / 59
Access to adequate sanitation (% of population, 1980)	Total	..	..
	Urban/rural	56 / ..	.. / ..
Births attended by trained personnel (%, 1988/1993)		77	76
Maternal mortality rate (per 100,000 live births, 1990)		..	180

Immunization		1981	1985	1990	1994
One-year-olds (%) immunized against:	Tuberculosis	42	45	16	72
	DPT	64	55	84	81
	Polio	69	55	84	81
	Measles	52	61	78	76
Pregnant women (%) immunized against:	Tetanus	..	4	15	29

/...

TABLE 1 (continued)

Turkey

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1992)	Total	96 / ..	103 / 93
	Male	102 / ..	107 / ..
	Female	90 / ..	98 / ..
Secondary enrolment ratio (gross/net) (%, 1980/1992)	Total	35 / ..	61 / 54
	Male	44 / ..	74 / ..
	Female	24 / ..	48 / ..
Adult literacy rate, 15 years & older (%, 1980/1995)	Total	66	82
	Male/female	81 / 50	92 / 72
Radio/television sets (per 1,000 population, 1980/1993)		113 / 79	162 /176

DEMOGRAPHIC INDICATORS		1970	1980	1990	1994	2000
Total population	(thousands)	35321	44438	56098	60771	67748
Population aged 0-15 years	(thousands)	15343	18476	20658	21884	23421
Population aged 0-4 years	(thousands)	5454	6016	7299	7468	7531
Urban population (% of total)		38.4	43.8	60.9	67.3	74.8
Life expectancy at birth (years)	Total	56	61	65	67	69
	Male	55	59	63	65	67
	Female	58	64	68	69	71
Total fertility rate		5.3	4.3	3.6	3.3	2.9
Crude birth rate (per 1,000 population)		37	32	29	27	23
Crude death rate (per 1,000 population)		13	10	8	7	7

		About 1980	Most recent
Contraceptive prevalence rate (%, 1993)		..	63
Population annual growth rate (%, 1965-1980/1980-1994)	Total	2.4	2.2
	Urban	4.0	5.3

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1973-1985/1985-1994)		1.4	1.5
Inflation rate (%, 1980-1985/1985-1994)		37	66
Population in absolute poverty (%)	Urban/rural	.. / ..	.. / ..
Household income share (%, 1973)	Top 20%/bottom 40%	57 / 12	.. / ..
Government expenditure (% of total expenditure, 1983/1992)	Health/education	2 / 12	4 / 20
	Defence	13	11
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	4 / 1
Official development assistance: (1980/1994)	$US millions	952	163
	As % of GNP	2	0
Debt service (% of goods and services exports(1980/1993)		18	23

/...

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1991-1996 a/

COUNTRY: TURKEY
LATEST BOARD APPROVAL: 1995
GENERAL RESOURCES: $12,697,002

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned b/	Actual	Planned b	Actual	Planned
Health	521	1732	875	99	1005	242	552	113	2953	2947	2186	4650	5139	7597
Education	308	37	473	-14	594	0	316	-51	1692	2900	-28	4850	1664	7750
Women-centred programme	0	0	0	0	0	0	0	0	0	200	0	400	0	600
Children in especially difficult circumstances	0	0	0	0	0	0	0	0	0	250	0	0	0	250
Social mobilization and advocacy	12	168	338	34	516	75	266	182	1072	1350	95	1900	1167	3250
Planning and social statistics	197	0	14	0	572	0	407	99	1191	1450	95	0	1286	1450
Integrated area-based programme	967	1637	271	166	1692	198	463	606	3302	3600	2612	6000	5914	9600
Emergency	67	1974	0	28	0	0	6	791	73	0	2792	0	2866	0
Recovery cost	0	0	0	0	0	0	0	12	0	0	12	0	12	0
GRAND TOTAL	2073	5549	1973	313	4288	515	1950	1387	10284	12697	7764	17800	18048	30497

GR General resources.
FSF Funded supplementary funding.
SF Supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as of 31 December 1995.

b/ Includes 1996 bridging programme(E/ICEF/1995/P/L.31).

.../...

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: TURKEY
PROGRAMME CYCLE: 1997-2000 (In thousands of United States dollars)

		1997	1998	1999	2000	TOTAL
CIVIL SOCIETY MOBILIZATION	GR	372	290	301	221	1,184
	FSF					
	NSF	1,000	275	200	180	1,655
	TOTAL	1,372	565	501	401	2,839
PLANNING AND POLICY DEVELOPMENT	GR	208	114	80	120	522
	FSF					
	NSF	1,992	863	989	875	4,719
	TOTAL	2,200	977	1,069	995	5,241
REG./INTRA-URBAN DISPARITY REDUC.	GR	280	290	290	234	1,094
	FSF					
	NSF	50	150	150	150	500
	TOTAL	330	440	440	384	1,594
SOCIAL RESEARCH AND MONITORING	GR	89	54	99	100	342
	FSF					
	NSF	25	25	25	25	100
	TOTAL	114	79	124	125	442
PROGRAMME SUPPORT	GR	371	452	430	525	1,778
	FSF					
	NSF	83	87	212	244	626
	TOTAL	454	539	642	769	2,404
TOTAL	GR	1,320	1,200	1,200	1,200	4,920
	FSF					
	NSF	3,150	1,400	1,576	1,474	7,600
	TOTAL	4,470	2,600	2,776	2,674	12,520

GR = general resources.
FSF = funded supplementary funding.
NSF = new supplementary funding.

TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : TURKEY
PROGRAMME : 1997-2000

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
CIVIL SOCIETY MOBILIZATION	1,184			1,184	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PLANNING AND POLICY DEVELOPMENT	522			522	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
REG./INTRA-URBAN DISPARITY REDUC.	1,094			1,094	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
SOCIAL RESEARCH AND MONITORING	342			342	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT	1,778			1,778	0	0	0	0	0	0	0	1	6	7	0.0	1,705.0	1,705.0
TOTAL GR	4,920			4,920	0	0	0	0	0	0	0	1	6	7	0.0	1,705.0	1,705.0
SUPPLEMENTARY FUNDING :																	
CIVIL SOCIETY MOBILIZATION		0	1,655	1,655	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PLANNING AND POLICY DEVELOPMENT		0	4,719	4,719	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
REG./INTRA-URBAN DISPARITY REDUC.		0	500	500	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
SOCIAL RESEARCH AND MONITORING		0	100	100	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT		0	626	626	0	0	0	0	0	0	0	1	1	2	0.0	438.3	438.3
TOTAL SF		0	7,600	7,600	0	0	0	0	0	0	0	1	1	2	0.0	438.3	438.3
TOTAL GR & SF	4,920	0	7,600	12,520	0	0	0	0	0	0	0	2	7	9	0.0	2,143.3	2,143.3
ADM. & PROGRAMME SUPPORT BUDGET		Operating costs		924.9													
		Staffing			0	0	1	1	1	0	3	1	3	7	975.0	1,461.4	2,436.4
GRAND TOTAL (GR+SF+ADM)					0	0	1	1	1	0	3	3	10	16	975.0	3,604.7	4,579.7
Number of posts and staff costs:																	
Current programme cycle											2	9	15	26			
At the end of proposed programme cycle (indicative only)											3	3	10	16	975.0	3,604.7	4,579.7

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.